



Len Valley Patient Participation Group (PPG)

9th December 2025

1pm - 2.30pm

Lenham Community Centre

Present:

Peter Hasler (Chair), Terry New (Treasurer), Carol McKeough (Deputy Chair), John Britt, Julia Allen, Sadie Curtis, Jan Smith, Steve Taylor, Jan Enever
Georgia Lane, Lauren-Amy Lord, Dr Westerbeek,

Apologies:

Peter Livesey, Dr Lloyd, Elaine Moles,

1. Introductions

- Dr. Westerbeek (GP, 10 years at the practice, part-time) invited to present.
- Lauren-Amy was the new Reception Lead

2. Notes from the PPG meeting - 8th September 2025

- The notes were agreed to be an accurate record of the meeting. They will be posted on the PPG noticeboard and need to be added to the Practice Website.

3. Chair Nomination

- Peter Hasler was nominated as new chair of the PPG by Terry New (current chair).
- Peter has worked in the NHS mental health services for nearly 50 years and was the Director of Nursing for Kent and Medway Trust.
- Nomination supported by group; Peter accepted the role.
- Peter thanked the group for their support and was pleased to have so many experienced people in the group.

4. Cardiovascular Disease Management Project (Dr Westerbeek)

- Dr. Westerbeek shared details on a cardiovascular disease (CVD) initiative via the ICB (Integrated Care Board).
- Focus: Improve management of high blood pressure and cholesterol; incentivise practices to increase patients within target ranges.
- National target: 80% of patients within target (currently 50-60%).
- Five-step practice approach: leadership identification, data review, dashboard use, pathway analysis, patient outreach (texts, calls, letters).
- Questions raised:
 - How to communicate effectively with varying patient demographics?
 - How to address non-responders and update contact preferences?
- Suggestions:
 - Use local publications (Lenham Focus), social media, parish council. channels, primary school newsletters, and community centers for broader communication.
 - Run a campaign to update patient contact preferences.
 - Place urgent notices and updates physically in the surgery for walk-in patients.
 - Address scams regarding fake update requests.
- Decision: Continue multi-channel communication efforts and revisit progress at project end (March).
- Action Plan: Collect further ideas, update contact information, share scam alerts, monitor engagement.

Dr Westerbeek was thanked for her attendance and the chair reinforced that if the PPG could help in any way then they would be happy to do so.

5. Practice Operations & Staff Updates (also see attachment)

- Introduction of Lauren-Amy (new reception lead) and Amy (new receptionist); another new hire pending.
- Staff turnover mainly due to career changes, not complaints.
- Positive impact of new triage system: increased appointments, improved patient/receptionist interactions, more positive feedback.
- Receptionists undergoing mandatory autism and neurodiversity training.
- Lauren to provide on-site support for challenging interactions.
- Action Plan: Continue recruitment, maintain staff training, monitor patient feedback, improve support and training for reception staff.

Triage System Update

- Triage system implemented mid-September; comparison of 9 weeks pre- and post-triage:
 - 1098 more appointments offered (from 3738 to 4836 in 9 weeks).
 - Reduced repeat visits (from 50.6% to 36.9%).
 - Improved communication on appointment details (site, time, reminders).
 - DNAs (Did Not Attend): 477 nurse, 162 doctor appointments in 3 months; new reminders implemented to reduce DNAs.
 - Noted confusion over appointment location and face-to-face vs. phone consults—now addressed.
 - Check-in kiosk usability discussed; pending review.
- Action Plan: Monitor DNA rates, maintain clear communication templates, review check-in system, assess ongoing patient experience.

Community Engagement & Communication

- Ongoing challenge reaching all patient demographics—especially non-digital users.
- Suggestions for multi-pronged approach: newsletters, parish council emails, physical notices, Facebook, local focus magazines.
- Proposal for PPG suggestion slips and physical presence (PPG table) in both surgery locations.
- Need to duplicate all communications and materials across both surgery sites (Lenham and Harrietsham).
- Sharing of email contacts for streamlined communication.
- Action Plan: Implement suggestion box system, distribute newsletters and updates, ensure parity between sites, collect council contact details.

6. Primary Care Network (PCN) and Health Initiatives

Attended by Carol McKeough and Peter Hasler - 8th December 2025

- Healthy Heart event for 40-60 age group well-attended; future focus on men's health, HRT, mental health. Peter was keen to support any mental health projects.
- Proposal for social/health events (e.g., Saturday health fair, group BP checks) in spring/summer.
- Interest in men's health initiatives, possibly leveraging local groups (e.g., Men's Sheds, social clubs).
- New mental health nurse (T.K.) providing initial appointments, improving access.
- Action Plan: Explore collaborative health events, gather baseline mental health data, liaise with public health officials.

7. Len Valley Health Walks

- Regular walks on Wednesdays, Thursdays, and Saturdays; numbers vary with weather.
- Walks support both physical and mental health, with socialising after.
- Walking holiday planned for 2026.

- Publicity via practice websites, posters, and local magazines; challenge with displaying materials inside surgeries due to space/policy.
- Action Plan: Maintain publicity efforts, ensure staff awareness for social prescribing.

8. NHS Communication & Engagement

- Persistent challenges for PPG and community communication through NHS systems.
- Issues with car park fees for walk leaders/walkers at Harrietsham.
- Action Plan: Continue advocacy for improved communication access and address car park concerns via Harrietsham parish council.

9. Local Development & Practice Response

- Discussion of Maidstone Borough Council's supplementary planning for Heathlands (potentially 5,000 new homes).
- Concern about lack of health infrastructure for first phase (1,400 homes) until 2035-2041.
- Encouragement for the practice to respond independently to the planning consultation (deadline: 15th of the month).
- Action Plan: Practice to draft and submit a response; parish council members to advise.

10. PPG Updates & Next Steps

- Maggie Lineham is stepping down from the group—formal letter of thanks to be sent.
- Plans to implement PPG suggestion slips and newsletter (post-Christmas).
- Quarterly meeting schedule set for 2026 (10th March, 9th June, 8th September, 8th December).

11. Other Business

- Request for official PPG lanyards for visibility.
- Acknowledgement of volunteer support during triage rollout.

Attachment 1

Briefing report from Len Valley Practice for 9th December PPG meeting

- Triage is going really well and we're really getting into the swing of things now. We've recently had a review meeting to look at what's working and where we can tweak things, and we're making some small changes based on feedback and reporting. Our current data shows 538 triage requests per 1,000 patients, which is double the national average of 255 and well above the regional average of 295, so the demand here is significantly higher.
- Since our last PPG meeting we've had **639 DNAs**, which continues to have a noticeable impact on appointment availability and capacity.
- Dr Jonty West will be the GP representative for next year, so the PPG meetings will need to move to a Tuesday as you are already aware.
- Dr Sarah Westerbeek will be joining the next meeting to discuss the Hypertension LIS. If possible, could this be scheduled towards the beginning, as she has another meeting at 1:30pm? She only needs around 15-20 minutes.
- We have a new Reception Lead, Lauren-Amy, starting on 1st December, who will also be joining the PPG meeting.
- We also wanted to give a bit of context around the suspension of medical triage at times. We've had confirmation from the ICB that our current approach is compliant, when we reach full capacity for on-the-day appointments, we are able to temporarily suspend medical requests through Accurx. During this time we still provide signposting for urgent issues, and patients can continue to submit routine review requests and admin queries, which meets the contractual requirements.